

PLAINLY WITH UNFADING INK - IN CASE OF A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

2. Full name of child Viola Jean Evans
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other - 5. No., in order of birth - 6. Legitimate? yes 7. Date of birth Dec. 20, 1926
Month Day Year

8. FATHER
Full name Joliver Frank Evans
9. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 20 (Years)

12. Birthplace (city or place) Live Oak County Texas
(State or country)

13. Occupation Matron
Nature of Industry

14. MOTHER
Full maiden name Verna Lola Mc Cormick

15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

16. Color or race white 17. Age at last birthday 16 (Years)

18. Birthplace (city or place) Douglas, Arizona
(State or country)

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother One (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living one
(b) Born alive but now dead none
(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:25 A.M. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature T. C. Harper
Physician (Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Arizona

Filed 1/31, 1926 Registrar St. St. Norst

Registrar

Registrar

557 - 1220 - 5112